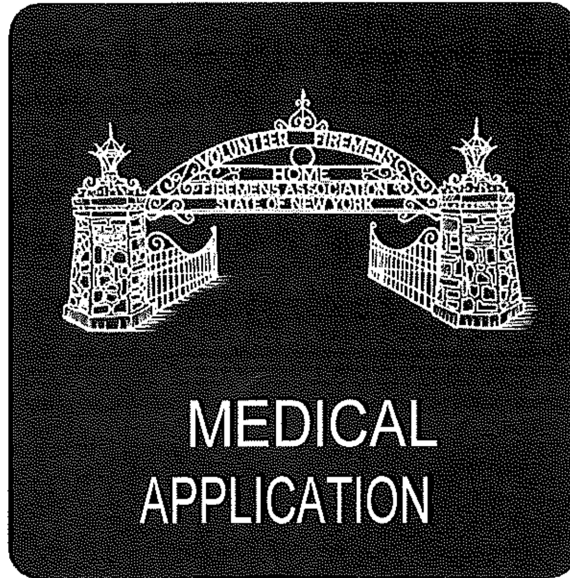


The FASNY Firefighter's Home

P: (518) 828-7695 / (800) 479-7695
F: (518) 828-1092
W: www.firemenshome.com
E: firemenshome@fasny.com

Mail to:
Attention: Admissions Department
125 Harry Howard Avenue
Hudson, NY 12534

The FASNY Firefighter's Home

AUTHORIZATION FOR RELEASE OF INFORMATION

Name:____

Date of Birth:_________________________ SSN: _______________________

The undersigned hereby authorizes and requests

____
PHYSICIAN OR PRACTICE NAME

to provide the Firefighter's Home, 125 Harry Howard Avenue, Hudson, NY 12534, copies of the Medical Records of the above named patient for the purpose of admission to the Firefighter's Home.

Any exception to the information to be released is as follows: ___________________

____

____

____

____

The request for information is limited to admission or hospital services commencing:

____
DATE

It is understood that this authorization may be revoked by me at any time (in writing) and will automatically expire ninety (90) days after the date of signature.

____
PHYSICIAN OR PRACTICE NAME

is released from all legal responsibility which may arise from the release of requested information.

Date:____________ Signature of Patient:_____________________________

Date:____________ Signature of Witness:_____________________________

125 Harry Howard Avenue, Hudson, NY 12534 P: (518) 828-7695 / (800) 479-7695 F: (518) 828-1092 W: www.firemenshome.com

The FASNY Firefighter's Home

MEDICAL CERTIFICATE

Date: ____________________

Applicant's Name: ____________________

Address: ____________________

City: ____________________ State: __________ Zip: __________

Phone Number: ____________________

NYS County: __________ Marital Status: __________ Tobacco Use: __________

Place of Birth: __________ Date of Birth: __________ Alcohol Use: __________

Medicare Number: __________ Religion: __________

DATE OF:

Last Chest X-Ray __________ Pneumovac __________ Flu Shot __________

Mantoux __________ Results __________

COVID Vaccinations __________

Mantoux Test Is Required for Admission

Current Complaint/Reason for Admission to Firefighter's Home: ____________________

Pertinent Past Medical History: ____________________

Medications: ____________________

Allergies: ____________________

Family Medical History: ____________________

Social History (Smoking, Alcohol Use, etc.): ____________________

ROS GENERAL:

HEENT: ____________________

CV: ____________________

Pulm: ____________________

GI: ____________________

Note: Completed form good for 90 days post date.

GU:______________________________

MIS:______________________________

Neuro:______________________________

Endocrine: ______________________________

Psychiatric: ______________________________

PHYSICAL EXAMINATION:

Temp:____________ B.P.____________ P.____________ R.____________

Height:____________ Weight:____________

GENERAL:

HEENT:______________________________

Neck: ______________________________

Heart:______________________________

Lungs:______________________________

Breasts:______________________________

Abdomen:______________________________

Genital:______________________________

Rectal: ______________________________

Extremities:______________________________

Neurological:______________________________

Skin:______________________________

MD Signature:______________________________ Date:____________

Please print: Name: ______________________________

Address:______________________________

City: ____________________ State:________ Zip:__________

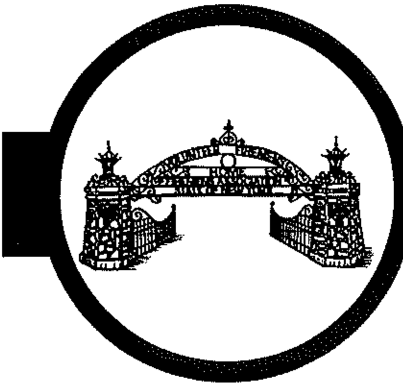
Phone Number:______________________________

Reviewed by Firefighter's Home Physician:______________________________

Dated on:______________________________

Note: Attach hospital discharge summaries and relevant medical information.

125 Harry Howard Avenue, Hudson, NY 12534 P: (518) 828-7695 / (800) 479-7695 F: (518) 828-1092 W: www.firemenshome.com



Who can help?

Applicant Name: ______________________________ Date: ____________

Board of Trustees Contact: ______________________________

Phone: ____________________ Email: ____________________

Application Questions:

Jane Redding

Phone: (518) 828-7695 email: jredding@fasny.com

Financial Questions:

Elizabeth Makoske

Phone:(518) 828-7695 email: emakoske@fasny.com

Insurance Questions:

Elizabeth Makoske

Phone: (518) 828-7695 email: emakoske@fasny.com

Facility Fax Number: (518)-518-828-1092